without direct, natural predisposition, either in the form of true alcoholic epilepsy (Bratz) fits appearing under influence of intoxication, or in the form of genuine, constitutional epilepsy, whereby fits also appear, irrespective of spirits being taken or not. Moreover, there are intermediate forms of these types. Redlich discusses especially alcoholic epilepsy. Here the epileptic attack may appear at the moment of maximal intoxication. Emotion and trauma of the head will heighten the action of alcohol. In some cases the fit occurs only during the after-intoxication period, twelve to twenty-four hours after the last dose of spirits. In common epilepsy the attacks very frequently appear at that time. Delirium tremens may simultaneously occur and either this or epilepsy follow on an alcoholic bout. These two conditions are closely related both in cause and nautre. It is a question whether abstention from alcohol may cause fits or not.

Purpura Hæmorrhagica and Hereditary Syphilis.—SABRAZES and DUPERIE (*Arch. d. mal. d. cœur, d. vaisseaux, et du sang*, 1909, v, 257) report the case of a subicteric infant, with fissure at the corners of the mouth, who succumbed to œdema and hemorrhagic effusions. Eight hours after birth the liver, spleen, adrenals, lungs, and skin presented multiple effusions of blood, old and new. They contained spirochetes to the exclusion of other organisms. The multiple hemorrhages are due to rupture of distended capillaries resulting from a mechanical obstruction by the interstitial granulomatous lesions of the organism. The injury done by this septicemia of spirochetes was evident in other organs. The thymus was sclerotic; the kidney glomeruli, and the panceras showed signs of irritation; the myocardium and vasa vasorum of the great vessels contained spirochetes. The relation of hemorrhages to hereditary syphilis has been observed by Levaditi and others, but Sabrazés and Dupérié feel that this case explains more clearly the mechanical origin of the œdemas and hemorrhages. In all these cases the ubiquitous presence of the spirochete is remarkable. If the infant survives, there will remain in the organs traces more or less profound of the multiple lesions —scleroses, defective vessels, collateral circulations tending to hemorrhages, hypoplasia of parenchymas. The infinite variety reveals the vast field of functional insufficiencies, isolated or combined, which may have as origin an hereditary syphilis recognized or overlooked. Rational treatment of the parents and most active and precocious therapy of the newborn are the salvation.

The Small Heart of Cirrhosis.—In three cases of pure alcoholic cirrhosis of the liver, without tuberculosis or arteriosclerosis, CARNOT (*Progrès méd.*, 1909, v, 61) has found at autopsy the heart diminished in size and weighing, respectively, 125, 150, and 183 grams instead of the average 250 grams. In the last case the wall of the left ventricle measured 10.5 mm. instead of 12 mm., and the circumference of the aorta 57 mm. instead of about 65 mm. The small size is readily made out by percussion *intra vitam*. The existence of renal or arterial disease is the exception; when present, causing hypertension and cardiac hypertrophy. The small size of the heart must be in relation to the hypotension in the arteries as pointed out by Gilbert and Garnier. Both are dependent upon the hepatic obstruction which causes a portal hypertension and a diminution in the volume of blood coursing through the heart in a unit of time. Ludwig, Garnier, and Gilbert have noted a fall in the carotid pressure immediately after ligation of the vena porta. This hypotension lessens the work of the heart, and the diminished size is its adaptation to the lessened function.

Oatmeal in the Curative Treatment of Diabetes.—VON NOORDEN (*Medical Press*, 1909, lxxxvii, 446) explains the method of procedure in the oatmeal cure, emphasizing the necessity of certain definite rules and the fact that only a certain number of patients are benefited. In 28 per cent. of 400 cases he obtained excellent results. These were cases of medium severity. The treatment does not cure the diabetes, but considerably diminishes its dangers. It is of the greatest importance that from time to time the patients should assimilate large quantities of carbohydrates. Thereby the danger of acid poisoning is averted. For this reason the treatment should be repeated four or five times a year. It requires only a week, as a rule, three oatmeal days, and two vegetable days. Experimental glycosuria was produced in dogs by injecting adrenalin. If a small amount of extract of oats were added, no glycosuria resulted. As there is no doubt that adrenalin diminishes the internal secretion of the pancreatic gland, the probability arises that the oat extract has the opposite effect, *i. e.*, that the extract is a stimulus for the pancreatic secretion. After extirpation of the pancreas in animals, the oatmeal treatment has a very bad effect, and the oat extract does not diminish the glycosuria. This also seems to prove that the oat extract only acts by influencing the internal pancreatic secretion in a direct and specific manner. Therefore, von Noorden presumes that the astonishing effect of the oatmeal treatment is due to the circumstance that with the oats is introduced into the body small amounts of a substance which acts as a stimulant upon the internal secretion of the pancreatic gland.

A Note on the Absorption of Fat.—WHITEHEAD (*Amer. Jour. Phys.*, 1909, xxiv, 294) undertook to determine if emulsified fat was absorbed as such by the intestinal mucosa. The work of Kastle and Loevenhart, demonstrating the universal presence of lipase in the tissues and its reversibility of action to synthesize as well as split fat, has strengthened the view that fat is absorbed in the form of soluble soaps. Decomposed in the intestine it is built up again in the villi. On the other hand, there are no *a priori* reasons why fine emulsions may not be absorbed, and it is well known that the intestinal contents are such as to favor the formation of emulsions. In view of Loevenhart's work, the finding of fat droplets in the epithelium and lacteals of villi does not prove that the fat was absorbed as such. Whitehead fed a cat with butter stained in Sudan III, killed the animal, and sectioned the small intestine. There was an entire absence of red globules of fat in the villi, although masses of red butter still unsplit were evident in the lumen of the intestine. Either the fat had not been absorbed as such or not at all. But by staining these same sections in Sudan III fat was demonstrated in great abundance in the epithelium and lacteals of the villi, in the form of minute red globules. Undoubtedly the fat was absorbed, inasmuch as the animal had been previously starved. And it is evident that it was not absorbed as such but taken up in water-soluble forms